

Vision Coverage

Eye examination once per plan year from any licensed vision care provider.

- ☐ \$130 allowance for lenses once plan year
- ☐ Single vision, lined bifocal and lined trifocal lenses
- ☐ Polycarbonate lenses for dependent children
- ☐ Frames once every other plan year
- ☐ \$130 allowance for frame of your choice

There is a \$25 co-pay for hardware (frames and lenses), but not the annual exam.

~OR~

- ☐ Contact lenses once per plan year
 - ◆ \$130 allowance for contact and contact lens exam (evaluation and fitting)
 - ◆ No copay applies

Prescription Drug Coverage

\$200 deductible per year for single coverage and \$400 deductible per year for family coverage and is separate from the medical benefits deductible. After the deductible has been met the insured pays 20% of the cost for Generic and Preferred Brand drugs. For Non-preferred brands the insured pays 40%. Certain generic prescription medications will be covered at 100% not subject to the annual prescription deductible. The maximum out-of-pocket for prescription drug claims is \$3100 per plan year.

Leave Benefits

Lewis and Clark County has a generous leave policy, as directed by State statute.

Annual/Vacation Leave

Six months from the date of hire employees can begin utilizing accrued vacation. Accrual rates are based on tenure.

<u>Years of Employment</u>	<u>Amount</u>
0 – 10	15 days per year
11 – 15	18 days per year
16 – 20	21 days per year
20+	24 days per year

Sick Leave

Employees are able to utilize accrued sick leave 90 days from the date of hire. Sick leave is earned at a rate of 12 days per year.

Holidays

Lewis and Clark County recognizes 10 paid holidays per year (11 in even numbered years).

These holidays include:

New Year's Day	Martin Luther King Day
President's Day	Memorial Day
July 4 th	Labor Day
Columbus Day	Veterans Day
Thanksgiving Day	Christmas Day
Election Day (even years)	

Part-time employees accrue pro-rated leave and holiday dependent on the number of hours worked.

LEWIS AND CLARK COUNTY



SUMMARY OF BENEFITS EFFECTIVE 7/1/2015

This brochure is provided for informational purposes only. The information contained within is subject to change without notice. If you have specific questions about any of Lewis and Clark County's health benefits, please contact the Human Resources Office.

Medical Coverage

Network doctors:

\$250 deductible per member per plan year. The family maximum is \$750. After the deductible has been satisfied, the plan will pay 60% of all covered expenses up to the \$3,500 out of pocket max. After the maximum out of pocket has been paid, the plan will pay 100% of all covered expenses. The out of pocket maximum for a family is \$7000.

*Out of pocket maximum and deductible can be reduced by participation in the free annual health screenings offered through the County's Wellness Program.

Non-Network doctors:

\$500 deductible per year for single coverage, \$1,000 deductible per year for any other family coverage. After the deductible has been met the insured pays 50% of the cost and the plan pays 50%.

Covered medical expenses for "network" providers include:

Office Calls – Office calls required due to illness are paid at the above rates.

Maternity Benefits – Charges incurred due to pregnancy will be paid in the same manner as an illness.

Accident Benefit – Paid at 100% up to a maximum of \$500/yr.

Chiropractic Care – Deductible Applies / Subject to Schedule of Medical Benefits. 35 treatments maximum per year paid at up to \$25 per treatment.

Acupuncture Care – Deductible Applies / Subject to Schedule of Medical Benefits. Maximum benefit per year of \$500.

Colonoscopy and Mammogram Benefit – Covered at 100% with Network provider; Deductible waived

Preventive Care / Wellness Benefit
children & adults (Network provider)

"Preventive Care means routine treatment or examination provided when there is no objective indication or outward manifestation of impairment of normal health or normal bodily function, which is not provided as a result of any injury or illness."

Routine Immunizations – according to the schedule adopted by the Director of the Centers for Disease Control and Prevention.

Physical Exam – including a medical history, physical exam, development assessment, anticipatory guidance and associated routine testing provided or ordered at the time of the examination. Also includes PSA test for men.

Preventive Care / Wellness Benefit (Non-Network provider) – Plan pays the first \$300 of preventive care at 100% such as annual physicals, mammograms or prostate exam.

Dental Coverage

Dental coverage is provided as part of the benefit package. There is a \$35 deductible per covered member per plan year. In addition, there is a maximum yearly benefit of \$1,500. Coverage includes:

Type A – Paid at 100%, contain no waiting period and include oral examination (cleaning twice a plan year); fluoride; x-rays every 36 months; space maintainers; extraction; oral surgery; fillings.

Type B - Paid at 50% and includes periodontal surgery; root canals; antibiotics; initial installation of crown, dentures, bridgework, gold fillings; repair of crown, bridgework or denture work.

Orthodontics – Paid at 50% with a lifetime maximum of \$2,500. Orthodontia benefits are only provided to dependents under the age of 19.

Employee Assistance Program

This benefit is offered to all County employees and their household members whether they have enrolled in the Health Plan or not. It is a confidential counseling service provided by Sapphire Resource Connection (SRC). Employees can see a counselor up to a maximum of four times, per plan year, per incident. The EAP also provides one legal and one financial consult per plan year.

Life Insurance

The County pays for \$25,000 of life insurance on every employee covered under the health benefit plan. There is a double indemnity for accidental death, meaning if you die due to an accident the benefit amount doubles to \$50,000.

Health Plan Contribution Rate

Lewis and Clark County currently pays for most of the cost of a single, full-time employee contribution of \$750/month. Employees are responsible for the portion of the premium listed below. **Part-time employee premiums are covered on a pro-rated basis.** The Employee and Spouse portions can be reduced through participation in the annual wellness screenings offered.

Full-Time Employee \$50/month

Spouse \$400/month

Child \$70/month each